

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 26 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S40450** (6)

1. Corporation Name

ARLINGTON CHIROPRACTIC CLINIC, INC.

Principal Place of Business

Mailing Address

**6919 MERRILL ROAD
JACKSONVILLE FL 32211**

**6919 MERRILL ROAD
JACKSONVILLE FL 32277-2616**

3. Date Incorporated or Qualified

3a. Date of Last Report

03/21/1991

04/30/1996

4. FEI Number

Applied For

59-3064705

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 **6919 Merrill Rd.**

26 **6919 Merrill Rd.**

Suite Apt. #, etc.

Suite Apt. #, etc.

22 City & State

27 City & State

23 **Jacksonville, FL**

28 **Jacksonville, FL**

Zip

Country

Zip

Country

24 **32277**

25 **USA**

29 **32277**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KIGHT, L. KAREN
6919 MERRILL ROAD
JACKSONVILLE FL 32211**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

32277

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of registered agent or new registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	ROBERTS, ANDREW G DR	6919 MERRILL ROAD	JACKSONVILLE FL	<input type="checkbox"/>
D	ROBERTS, ROSELYN	6919 MERRILL ROAD	JACKSONVILLE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Dr. Andrew G. Roberts - Pres.** **Dr. Andrew G. Roberts** 2/19/97 904-743-2222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)